



# NEVADA NEW MARKET TAX CREDIT APPLICATION

APPLICATIONS RECEIVED ON OR PRIOR TO OCTOBER 1, 2013 WILL BE TREATED AS BEING RECEIVED SIMULTANEOUSLY ON OCTOBER 1, 2013.

CDE Name:		Has the CDE been certified as a qualified community development entity by the Secretary of the United States Treasury? Please attach evidence of certification. <input type="checkbox"/> Yes <input type="checkbox"/> No	
EIN:	State of Organization:	Date Established:	Is the CDE Minority Owned? (For Reporting Purposes Only) <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:		City/State/Zip:	County:
Phone Number:	Fax Number:	Web Address:	
Contact Person Name:	Title:	Email Address:	
QUALIFIED EQUITY INVESTMENT AUTHORITY REQUESTED (ANY AMOUNT REQUESTED OVER \$200,000,000 WILL BE TREATED AS \$200,000,000. NO APPLICANT SHALL BE AWARDED MORE THAN \$50,000,000 ALLOCATION): \$			
Purchase Price of the Qualified Equity Investment (QEI) (For Reporting Purposes Only): \$		Amount of Federal NMTC Allocation Utilized for the Qualified Equity Investment (QEI), if any (For Reporting Purposes Only): \$	
Does the CDE have a signed allocation agreement with the U.S. Treasury CDFI Fund? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does the signed allocation agreement of the CDE with the U.S. Treasury CDFI Fund include Nevada in its service area? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ATTACH SCHEDULE CONTAINING ALL ACTUAL/OR PROPOSED PARTNERS WHO HAVE ENTERED INTO AN ALLOCATION AGREEMENT WITH THE APPLICANT CDE (IF ANY). LIST COMPANY NAME, CDE CERTIFICATION, ADDRESS, EIN, AND OTHER PERTINENT INFORMATION RELATING TO THAT RELATIONSHIP INCLUDING SERVICE AREAS.			
ATTACH DESCRIPTION OF PROPOSED AMOUNT, STRUCTURE AND PURCHASER OF THE QEI OR LONG-TERM DEBT SECURITY.			
ATTACH SCHEDULE CONTAINING ALL ACTUAL AND/OR PROPOSED HOLDERS OF QUALIFIED EQUITY INVESTMENT; INCLUDING THE HOLDER'S NAME, ADDRESS, PHONE NUMBER, AND TAX IDENTIFICATION NUMBER (FEIN OR SSN). FOR LEGAL ENTITIES WHERE TAX CREDITS FLOW TO SHAREHOLDERS, MEMBERS, AND/OR PARTNERS, THE SAME INFORMATION MUST BE PROVIDED RELATED TO THESE OWNERS, ALONG WITH THE PRORATION PERCENTAGE FOR THE CREDITS BEING REQUESTED.*			
*If ultimate user of Nevada NMTC is unknown at the time of application, Applicant (if application is approved) commits to notify the Department of name(s) and EIN(s) of the ultimate user(s) prior to such taxpayers claiming Nevada NMTC s on any tax returns.			
If a state allocation is being requested prior to the determination of specific Nevada Qualified Low-Income Community Investment(s) (QLICI(s)), project information must be provided to the Department after QLICI(s) are made.			
Nevada NMTCs earned are subject to recapture if the issuer fails to invest at least 85% of a QEI in Nevada QLICIs within twelve months of the initial credit allowance date. SB 357 Section 17.3			



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ATTACH EXAMPLES OF THE TYPES OF QALICBS IN WHICH THE APPLICANT, ITS CONTROLLING ENTITY, OR AFFILIATES OF ITS CONTROLLING ENTITY HAVE INVESTED UNDER THE FEDERAL NMTC PROGRAM. APPLICANT IS NOT REQUIRED TO IDENTIFY THE QALICBS IN WHICH IT WILL INVEST.

INCLUDE NONREFUNDABLE APPLICATION FEE OF \$5,000 WITH THIS APPLICATION.

INCLUDE REFUNDABLE PERFORMANCE FEE OF 0.5 PERCENT OF THE AMOUNT OF THE QEI REQUESTED WITH THIS APPLICATION.

Note: this fee will not be reduced if the amount allocated is less than the amount applied for. It will be held until the second credit allowance date (SB 357 Sec 19.1 (b)).

PRIMARY CONTACT SIGNATURE:

## CERTIFICATION (Must be Notarized):

I, \_\_\_\_\_, AS THE AUTHORIZED EXECUTIVE OFFICER OF APPLICANT CDE, DO HEREBY CERTIFY THAT:  
(1) THE ATTACHED ALLOCATION AGREEMENT ATTACHED HERETO REMAINS IN EFFECT AND HAS NOT BEEN REVOKED OR CANCELLED BY THE CDFI FUND AND (2) THE APPLICANT HAS BEEN AWARDED \$\_\_\_\_\_ CUMULATIVELY IN FEDERAL ALLOCATION BY THE CDFI FUND.

BY: \_\_\_\_\_

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Month

Year

NOTARY EXPIRES: